assessed association between social media use and risk taking behavior.
**Results:** 314 adolescents participated, ages 11-21 (48% male, 52% female, 21% white; 45% black, 27% Hispanic, 8% other, average age 14.35 years, median 14.5 years). 87% of teens had access to the internet, 72% had a cell phone and 68% were able to send and receive text messages, while only 11% had previously received health information through social media. Teens who reported currently dating or being in a relationship (25%) were more likely to have a cell phone (82%), send and/or receive text messages (83%), have received health information through social media (17%), spend over two hours a day on the computer or cell phone (75%), use Facebook (82%) and use Twitter (45%) compared to teens who were not dating ($x2 < 0.05$). Teens who reported sexual intercourse (20%) were more likely to have a cell phone (87%), send/receive text messages (82%), have received health information through social media (28%) and to spend over two hours a day on the computer or cell phone (68%); however they were less likely to have access to the internet (78%) or to use online games/apps (31%) than sexually naïve teens ($x2 < 0.05$). Teens who were thinking of having sex soon (17%) were more likely to have a cell phone (86%), send/receive texts (86%), have received health information through social media (42%), spend over two hours a day on the computer or cell phone (65%) and use Facebook (86%) compared to those who were not ($x2 < 0.05$). No other measured risk behaviors: eating/weight/body, schools, weapons/violence/safety, tobacco, substance use, emotions or special circumstances were associated with social media use.
**Conclusions:** Dating and sexual behaviors may be associated with social media use more than other risk-taking behaviors. Preventive sexual health information through social media may be an effective strategy to reach dating, sexually-active adolescents and those thinking about sex, as these adolescents are frequently engaging in social media and cellular settings. Further research is needed to determine what preventive sexual health information via social media and texting would be effective.
**Sources of Support:** None.

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## RELATIONSHIP OF MEDIA LOCATION TO ADOLESCENT HEALTH-RISK BEHAVIORS: GENDER DIFFERENCES

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**Purpose:** The aim was to explore relationships among the risk factor of peer influence, the protective resource of parental monitoring, location of media use, and the outcomes of health-risk behaviors (smoking cigarettes, smoking marijuana, drinking alcohol, age at first coitus, number of sex partners, contraceptive use, and use of alcohol or drugs with sex), and to further explore differences between females and males.
**Methods:** This analysis is one component of a longitudinal study of health-risk behaviors in high school-aged adolescents. Following IRB approval and written informed consent of the participants, data were collected either by computer or by mailed paper surveys from 912 adolescents (42.9% males, 47.4% Hispanic/Latino). Peer influence was measured by a 15-item Likert scale with a Cronbach's alpha = 0.90. Parental monitoring was measured using an 8-item Likert scale with a Cronbach's alpha = 0.82. Media use scales were created for this study and summed participants' use (not at all, < 3 hours/day, 3-5 hours /day, > 5 hours/day) of various media (TV with or without cable, fashion or teen magazines, video games, computer with or without Internet, CD, VCR, or DVD player) by location (out-of-home; in-home, but not in room; in-room). Health-risk behaviors were measured using single items from the Youth Risk Behavior Surveillance Survey.
**Results:** Media use outside the home was statistically significantly related, inversely, to parental monitoring, and positively to drinking alcohol ($p = .05$), and number of sexual partners for females ($p = .01$); media use outside the home was also statistically significantly related to peer influence ($p = .01$); and marijuana use ($p = .05$) among females and males. Media use inside the home (but not in one's room) was significantly related to number of sex partners for females only ($p = .05$), but none of the other variables were significantly related for either females or males. Media use in one's room was significantly related to peer influence, smoking marijuana, drinking alcohol, and number of sex partners for females; it was also significantly related to contraceptive use for both females and males ($p = .05$). Among males, in-room media use was significantly inversely related to parental monitoring ($r = -.12$, $p = .05$).
**Conclusions:** To our knowledge, this is the first study to explore the location of media use among adolescents and it suggests avenues for intervention that may be gender-specific. It also supports previous studies that indicate peer influence as a risk factor and parental monitoring as a protective resource for adolescents' health-risk behaviors. This approach to studying media, by location rather than technology, could be a model for future longitudinal studies where the evolution of media provides substantial measurement challenges.
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## EMAIL ISN'T JUST FOR OLD PEOPLE: HOW MEDICAL PROVIDERS CAN COMMUNICATE WITH YOUTH TODAY

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**Purpose:** Understanding how adolescent and young adult patients utilize communication technology has the potential to improve contact between patients and medical providers. This study describes the technology use habits and willingness to use technology with medical providers among a diverse youth population.
**Methods:** A convenience sample of youth patients, ages 15-25, completed a technology use survey in the waiting room of an Adolescent/Young Adult Practice between October 2012 and April 2013. Seventy-seven percent (108/140) of surveys were completed. We used chi-square to determine whether technology use or willingness to complete online questions between medical visits differed by sex and race.
**Results:** Demographics reflected the clinic population: mean age 19.9 years (SD 3.1 years), 68% female, 29% white, 32% black, 27% Latino and 12% other. With respect to technology use patterns, 62% of patients reported using email daily, 17% several times a week, 12% at least once a week and 5% less than once a week. 58% used online banking. Older participants (those 19-25 years of age) were more likely than young participants (those 15-18 years of age) to email every day (75.4% vs. 47.1%, ?2 = 9.9, p-value = 0.04). Older